

61

163

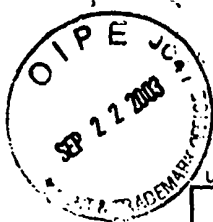
PTO/SB/21 (05-03)
Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/938,200 | |
| | Filing Date | August 23, 2001 | |
| | First Named Inventor | Carmel M. LYNCH | |
| | Art Unit | 1632 | |
| | Examiner Name | M. Wilson | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 226272001702 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Request to Withdrawal as Attorney or Agent (in triplicate) - 3 pages |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Confirmation Letter - 1 page |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | Return Receipt Postcard |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | MORRISON & FOERSTER LLP Catherine M. Polizzi - 40,130 |
| Signature | <i>Catherine M. Polizzi</i> |
| Date | September 19, 2003 |

| | |
|--|---|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: 9/19/03 | Signature: <i>Thao T. Pham</i> (Thao T. Pham) |



PTO/SB/83 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|-----------------|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT | Application Number | 09/938,200 |
| | Filing Date | August 23, 2001 |
| | First Named Inventor | Carmel M. LYNCH |
| | Art Unit | 1632 |
| | Examiner Name | M. Wilson |
| | Attorney Docket Number | 226272001702 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made at the request of Targeted Genetics Corporation and Wake Forest University

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☒ Customer Number

25226

OR

☒ Firm or Individual Name Kenneth D. Sibley

Address

4140 Parklake Avenue, Suite 600

City

Raleigh

State

NC

Zip

27612

Country

USA

Telephone

(919) 854-1400

Fax

(919) 854-1401

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Catherine M. Polizzi - 40,130

Signature**Date**

September 19, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated:

9/19/03

Signature:

(Thao T. Pham)